

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>136</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>571</u>
Town of <u>Miami</u>			Local Registrar No. _____
or	No. _____	St. _____	Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Roy Henry Chapman</u>	If child is not yet named, make supplemental report, as directed.		
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>3</u>	5. Legitimate? <u>yes</u>
6. Date of birth <u>Nov-3-1924</u>	Month day year		
FATHER		MOTHER	
8. Full name <u>Charles Chapman</u>	14. Full maiden name <u>Florence P. Williams</u>		
9. Residence (Usual place of abode) <u>Miami</u>	15. Residence (Usual place of abode) <u>Miami</u>		
If nonresident, give place and state <u>Ariz.</u>	If nonresident, give place and state <u>Ariz.</u>		
16. Color or race <u>Cauc.</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>St. Wen</u>	18. Birthplace (city or place) <u>Helston</u>		
(State or country) <u>Cornwall-Eng.</u>	(State or country) <u>Cornwall, Eng.</u>		
13. Occupation <u>Miner</u>	19. Occupation <u>Housewife</u>		
Nature of industry	Nature of industry		
20. Number of children of this mother { (a) Born alive and now living <u>3</u> (b) Born alive but now dead (c) Stillborn	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>		
(Taken as of time of birth of child herein certified and including this child.)			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*20			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4 A. M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>Cyril M. Cron M.D.</u>		(Physician or midwife)	
Address <u>Miami, Ariz.</u>			
Given name added from a supplemental report _____		Local Registrar. _____	
Month, day, year. _____		County Registrar. _____	
Registrar. _____		Filed <u>DEC 5</u> 1924 <u>BES J. 104</u>	

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